

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS**

NUTRITION AND THERAPEUTIC DIETS

**IHSC Directive: 03-14
ERO Directive Number: 11748.3
Federal Enterprise Architecture Number: 306-112-002b
Effective Date: 11 Mar 2016**

**By Order of the Acting Assistant Director
Stewart D. Smith, DHSc/s/**

1. **PURPOSE:** The purpose of this issuance is to set forth the policies and procedures for the provision of adequate detainee nutrition and therapeutic diet management.
2. **APPLICABILITY:** This directive applies to all U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) personnel, including but not limited to, Public Health Service (PHS) officers, civil service employees and contract personnel. It is applicable to IHSC personnel supporting health care operations in ICE-owned or contracted detention facilities, and to IHSC Headquarters (HQ) staff. Federal contractors are responsible for the management and discipline of their employees supporting IHSC.
3. **AUTHORITIES AND REFERENCES:**
 - 3-1. Title 8, Code of Federal Regulations, Section 235.3 ([8 CFR § 235.3](#)), Inadmissible Aliens and Expedited Removal.
 - 3-2. Section 232 of the Immigration and Nationality Act, as amended, Title 8, U.S. Code, Section 1222 ([8 U.S.C. § 1222](#)), Detention of Aliens for Physical and Mental Examination.
 - 3-3. Title 8, Code of Federal Regulations, Part 232 ([8 CFR 232](#)), Detention of Aliens for Physical and Mental Examination.
 - 3-4. Section 322 of the Public Health Service Act, as amended, Title 42 U.S. Code, Section 249(a) ([42 U.S.C. § 249\(a\)](#)), Medical Care and Treatment of Quarantined and Detained Persons.
 - 3-5. Title 42, U.S. Code, Section 252 ([42 U.S.C. § 252](#)), Medical Examination of Aliens.

- 3-6.** The Privacy Act of 1974, Title 5 U.S. Code, Section 552(a) (5 U.S.C. § 552(a)), as applied in the Department of Homeland Security (DHS) Privacy Policy Memorandum: 2007-1, *DHS Privacy Policy Regarding Collection, Use, Retention, and Dissemination of Information on Non-U.S. Persons* (January 7, 2009).
- 4. POLICY:** All detainees/residents (hereafter referred to as “detainees”) including those in segregation receive a balanced and nutritious diet. Detainees are provided therapeutic diets to accommodate certain chronic or temporary medical, dental or psychological conditions. Diets are reviewed at least quarterly by food service personnel. The facility shall provide a registered dietician, registered dietician nutritionist, or licensed dietician (as permitted by state scope of practice laws) to review medical diets and menus for nutritional adequacy at least every 6 months and whenever a substantial change in the menus is made. Review may take place in a documented site visit or by written consultation. Written documentation of menu reviews includes the date, signature, and title of the consulting dietician. Workers who prepare medical diets are supervised in preparing the diets, including appropriate substitution and portions

NOTE: Diets of detainees whose religious beliefs require adherence to certain dietary laws are approved through the facility's chaplain, not the medical clinic. Detainees may request vegetarian diets per the facility's specific procedure.

- 4-1. Therapeutic Diets.** Detainees with certain chronic or temporary medical, dental and/or psychological conditions receive individual therapeutic diets, as necessary. This includes specific food allergies. Therapeutic diets should be renewed every 90 days, if indicated.

Requirements for Ordering Therapeutic Diets. Orders for therapeutic diets are provided in writing, include the type of diet, the duration (not to exceed 90 days) and any special instructions.

4-2. Common Therapeutic Diets.

- a. Clear liquid;
- b. Full liquid;
- c. Soft;
- d. Mechanical soft;
- e. Cholesterol/fat controlled;
- f. Low salt (2 to 3 grams of sodium);

- g. Diabetic (1500 Kcal, 1800 Kcal, 2000 Kcal, 2200 Kcal, 2400 Kcal, 2600 Kcal);
 - h. High calorie - general diet and snacks;
 - i. Protein controlled;
 - j. Renal/Dialysis; and
 - k. Pregnancy.
- 4-3. Nutrition (Diet) Education.** Qualified members of the health care staff should educate detainees on nutrition interventions, therapeutic diets and food-drug interactions, when applicable.
- 4-4. Follow-up Nutritional Counseling for Non-Compliance.** When a detainee refuses a prescribed diet, a health care staff member should have the detainee sign a Refusal Form (Form IHSC-820) and should provide the detainee with follow-up nutritional counseling, which includes the health risk associated with not following the prescribed diet. The health care staff member should document the counseling in the medical record.

5. PROCEDURES:

- 5-1. Assessment of Detainees for Special Diets:** Detainees with certain chronic or temporary medical, dental and/or psychological conditions should receive individual dietary assessments, as necessary.
- 5-2. Ordering Therapeutic Diets:** When appropriate, designated health care staff should order therapeutic diets utilizing the information set forth in the Detainee Special Needs Form (Form IHSC-819) or electronic health record (eHR) equivalent. The order should be placed in the medical record and should include the type of diet, the duration (not to exceed 90 days) and any special instructions.
- 5-3. Accountability of Diets:** The health services administrator (HSA) should ensure that once the diet is ordered in the medical record, the diet is made available to the detainee by the following business day.
- 5-4. Renewal of Therapeutic Diets:** Therapeutic diets are renewed every 90 days, if indicated.
- 5-5. Current Therapeutic Diet Review:** The HSA or designee should review the current therapeutic diets monthly for accuracy and to ensure compliance with this directive.

6. **HISTORICAL NOTES:** This directive replaces IHSC Directive Number: 03-14, *Nutrition and Therapeutic Diets*, dated 31 October 2015. It adds to sections 4 and 4-1.
7. **DEFINITIONS:** See definitions for this policy in the IHSC Glossary located on SharePoint.
8. **APPLICABLE STANDARDS:**

8-1. Performance-Based National Detention Standards (PBNDS) 2011:

4.1: *Food Service.*

4.3: *Medical Care.*

8-2. American Correctional Association (ACA):

Performance-Based Standards for Adult Local Detention Facilities, 4th edition:

4-ALDF-4A-07, *Dietary Allowances.*

4-ALDF-4A-09, *Therapeutic Diets.*

4-ALDF-4A-10, *Therapeutic Diets.*

4-ALDF-4A-11, *Food Service Provider.*

4-ALDF-4A-16, *Health Protection.*

Standards for Adult Correctional Institutions, 4th edition:

4-4316, *Dietary Allowances.*

4-4318, *Therapeutic Diets.*

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Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions:

1-HC-1A-37, *Dietary Allowances.*

1-HC-1A-38, *Therapeutic Diets.*

8-3. National Commission on Correctional Health Care (NCCHC):

Standards for Health Services in Jails, 2014:

J-F-02, *Medical Diets.*

- 9. PRIVACY AND RECORDKEEPING.** IHSC maintains detainee health records in accordance with the Privacy Act and as provided in the DHS/ICE-013 Alien Health Records System of Records Notice, 80 Federal Register 239 (January 5, 2015). The records in the eHR/eClinical Works (eCW) are destroyed ten (10) years from the date the detainee leaves ICE custody. Retention periods for records of minors may differ. Paper records are scanned into the eHR and are destroyed after upload is complete.

Protection of Medical Records and Sensitive Personally Identifiable Information (PII).

- 9-1.** Staff must keep all health records, whether electronic or paper, secure with access limited only to those with a need to know. Staff should lock paper records in a secure cabinet or room when not in use or not otherwise under the control of a person with a need to know.
- 9-2.** Staff are trained at orientation and annually on the protection of patient medical information and Sensitive PII.
- 9-3.** Staff should reference the Department of Homeland Security *Handbook for Safeguarding Sensitive Personally Identifiable Information* (March 2012) at: (b)(7)(E) when additional information concerning safeguarding Sensitive PII is needed.
- 9-4.** Only authorized individuals with a need to know are permitted to access medical records and Sensitive PII.
- 10. NO PRIVATE RIGHT STATEMENT.** This directive is an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.